1- A 9 month old girl has had vomiting and diarrhea for 2 days. She has not had a wet diaper in 18 hours, her heart rate is 140 beats per minute, her respiratory rate is 40 breaths per minute, and her blood pressure is 75/35 mm Hg. Examination shows a minimally responsive infant with cool extremities, 4-second capillary refill, parched lips, and very sunken eyes. (Bronchiolitis)

What should be the first management step?

a) Oral rehydration solution
b) IV antibiotics
c) IV saline bolus
d) Nasogastric tube feeding
e) IV fluid replacement over 8 hours

2- One week- old full-term baby who is seen at the ophthalmology clinic because of cataracts, he has a head circumference of 32 cm and weight 2.3 kg, mild jaundice, pallor and HSM. He failed his hearing screening.

Which of the following investigations choose initially?

a) Blood lactate
b) Chromosomal karyotyping
c) Congenital infection screen
d) CT and MRI scan of the brain
e) Thyroid functions test

3- A 32 wks. female baby delivered by CS due to maternal pre-eclampsia. Her birth weight is 1.9 kg. no resuscitation is required. At 2 hours of age she developed respiratory distress with a respiratory rate 70 breaths/min, indrawing of her rib cage grunting. The x ray looks hazy.

What is the most likely reason that this baby has respiratory distress?

a) Aspiration of meconium has resulted in lung collapse
b) Persistent of fetal circulation
c) The alveoli still contain fluid
d) There is ventilation –perfusion mismatch from surfactant deficiency
e) The chest wall and ribs are too compliant

4- A full term male baby with birth weight of 3.7 kg, is born by elective caesarean section. His mother was well during pregnancy. He becomes tachypnoeic with a respiratory rate of 80/min at 2 hours of age. Examination is otherwise normal. A chest x ray looks normal.

What is the suggested management?

a) Antibiotics
b) Surfactant therapy immediately
c) Oxygen and fluids
d) Mechanical ventilation

e) Epinephrine

5- A 6 year old boy complained that he was shorter than his peers at school (-2.5SD). He was falling within his target height range. His systemic examination and laboratory profile were normal; and his bone age was equal to 6 years.

What is the most probable diagnosis ?

a) Familial short stature
b) Constitutional delay in growth and puberty
c) Achondroplasia
d) Congenital hypothyroidism
e) Growth hormone deficiency

6- A mother brought her 15 months old son to the pediatric outpatient clinic because of delayed teething. He was mainly on breast feeding as he was reluctant to eat solid food. On physical examination, he was unable to stand supported, he had a large head, distended abdomen, hypotonia and enlarged costochondral junctions.

Which one of these options considered a common complication of this problem?

a. Hypoproteinemia.
b. High alkaline phosphatase.
c. Recurrent chest infection
d. Dental caries.
e. Feeding difficulties.

7- A mother brought her 5 year old son to the pediatric outpatient clinic because she noticed that he is shorter than his peers. No similar family history and his parents are of average height. On measuring the height and plotting it on the growth chart, it was below the 5th centile for age.

What are you going to tell the mother?

a. He is not growing well.
b. He needs to be investigated for short stature.
c. He needs to be admitted to hospital.
d. He will have normal adult height.
e. Your child is short and needs follow up.

8- A 5 month old boy presented to outpatient clinic with red itchy rash on the face of 2 months duration. He was on exclusive regular formula feeding. On examination the rash was covering the cheeks and the forehead with scratch marks but no other remarkable sign was noticed except running nose. CBC showed eosinophilia. His father is known asthmatic.

What would be your best choice for feeding?

a. Diluted regular formula.

b. Amino acid formula .
c. Phenyl alanine free formula.
d. Lactose free formula .
e. Medium chain triglyceride formula.

9- A mother brought her 4 year old boy to the clinic because of being overweight. His weight was > 97th centile, height was < 3rd centile cm. He had a rounded face, BP 120/80, his liver felt 4 cm below costal margin with no other remarkable findings

What would be the most probable etiology for his condition?

a. Overfeeding
b. Cushing syndrome
c. Lack of exercise
d. Familial
e. Calorie rich diet

10-You did a fine motor developmental assessment for a 3 years old girl and found her to be normal.

What is the expected skill for her age?

a. Write her name.
b. Copy a triangle.
c. Draw a square
d. Dressing and undressing
e. Draw a circle.

11-You have seen an 18 months old girl for routine checkup in pediatric outpatient department. She is walking well unsupported and did some scribbles on a piece of paper. She did not say a single word during the examination and she did not respond to her own name or point to her nose or mouth when asked to do so. Her mother confirmed your findings.

What are you going to advise the mother?

a. Nothing to be done.
b. She needs hearing assessment.
c. She needs follow up.
d. She needs speech therapy.
e. She needs IQ assessment.

12-A seven week old baby boy is referred with a 2 week history of vomiting, he is being formula fed approximately 150 ml every 2-3 hours. On examination he is well, thriving and has a normal examination,

The most likely diagnosis is:

a. Pyloric stenosis

b. GERD
c. Over feeding
d. Gastroenteritis
e. jejunal stenosis

13-A 2year old girl presented to the ER because of poor feeding and loose scanty stool. She was on exclusive breast feeding. A month ago, the mother discovered that she got pregnant and stopped breast feeding and started giving her starchy food. She looked irritable, skin on bone appearance with swelling of the feet. Her temperature was 36°C with dry tongue, HR 120/m, RR 46/m and his wt 6kg.

What would be your diagnosis?

a. Marasmus
b. Undernutrition
c. Kwashiorkor
d. Failure to thrive
e. Marasmic Kwashiorkor

14- A 2 week old infant, who was delivered normally with birthweight of 3.5 kg. He has had no immunization yet and sleeps 18 h a day. He takes 60 ml of standard infant formula four times a day, no iron or vitamin supplements. He looked sleepy, stable vital signs and weight 3.5 kg.

What is the most serious concern about this infant?

a. Caloric intake
b. Immunization state
c. Iron levels
d. Vitamin D level
e. Zinc status

15-You are evaluating an 8-week-old infant whose birthweight was 1,000 g and who was delivered at 30 weeks' gestation. He experienced early respiratory distress and sepsis, but now these problems have resolved, and he recently progressed from parenteral nutrition to full enteral feedings.

Which of the following will provide the BEST mineral content for this infant?

a. cow milk-based infant formula
b. human milk
c. premature formula

d. protein hydrolysate formula
e. soy protein-based formula

16-An 8 year old girl presented to OPD with low grade fever and a diffuse maculopapular rash. There was a mild tenderness and marked swelling of her posterior cervical and occipital lymph nodes. The rash vanished after three days.

What is the most likely diagnosis?

a. Measles.
b. Roseola infantum
c. Infectious mononucleosis
d. German measles
e. Kawasaki disease

17- A 10 week old infant develops fever 38.5°C, vomiting and irritability. His HR is 180/m and RR is 50/m. The anterior fontanel is full, however there is no neck rigidity. No other remarkable examination data.

What is the most definitive diagnostic test?

a. Blood C&S
b. Brain CT scan
c. CBC&ESR
d. CSF examination
e. Brain MRI

18-A 5 year old boy presented with fever, weight loss and cough of 2 months duration. Mantoux reads an induration of 17× 19mm, while sputum cytology is –ve for AFB.

What is the most likely cause for Mantoux test result ?

a. Miliary tuberculosis
b. BCG vaccination
c. Pulmonary tuberculosis
d. Disseminated tuberculosis
e. Latent tuberculosis

19-A 3-year-old boy is brought for well-child examination. Height is on the third percentile, and weight is below the third percentile. He has been treated multiple times since infancy because of sinus infections and pneumonia and his stools are generally loose, greasy with mucous. On examination, the patient coughs frequently. No other abnormalities are noted.

What is most effective study to determine the diagnosis in this patient?

a. Bronchoscopy
b. CT scan of the sinuses

c. Culture of aspirate from the trachea
d. Measurement of serum immunoglobulin levels
e. Sweat chloride test

20-A previously healthy 4 years old boy presented with difficult breathing for one day. Three days prior, he had developed a runny nose, cough, and fever (40˚C). On examination, he is awake, alert, in significant distress, with decreased air entry over both lung field with fine crepitations. His laboratory tests revealed leukocytosis and raised ESR.

What is the immediate next step in management?

a. To do a blood culture.
b. To do a chest x-ray.
c. To give Parenteral antibiotic.
d. To give intravenous fluids.
e. Oxygen therapy

21-An 8-month-old boy presented to ER because of respiratory distress and cough of one day duration. The mother told the physician that he was doing well till he had a chocking episode, the day before, while he was playing with some peanuts on the ground. He is afebrile, mildly tachypneic with frequent cough. Physical examination demonstrates unilateral wheezing in the right lung field.

What is definitive diagnostic study?

a. Plain CXR PA view
b. Fluoroscopy
c. Bronchoscopy
d. Chest CT scan
e. Plain CXR lateral view

22-A 2 year old boy came with fever, cough in the ER. He had RR 36/m, barking cough and stridor which increased on crying. The child was stable, accepting oral intake.

Which one is the preferred medication?

a. Single shot dexamethasone
b. Aerosolized ß2 agonist.
c. IV amoxicillin
d. Oral antihistaminic
e. Heliox

23- A teacher brought a 12 year old student to ER with swollen lips, puffy eyes, itchy skin rash and breathing difficulty of 15 minutes

duration. He was in a school camp where he was exposed to an insect bite, (an ant), after which the symptoms started to appear.

What is the immediate action to be taken?

a. Oxygen therapy
b. IV fluids
c. IM adrenaline
d. IV hydrocortisone
e. SC adrenaline

24- A 4 year old boy presented to ER with shortness of breath and wheezes of one day duration. He had recurrent attacks of cough and wheezes before that was relieved on giving aerosolized terbutaline. He looked moderately distressed, RR 52/m, HR 120/m and chest examination revealed diminished air entry and generalized inspiratory and expiratory rhonchi.

What would be the initial management step?

a. Oral steroid
b. Short ß2 agonist inhalation
c. steroid Inhalation
d. Parenteral antibiotics
e. IV Theophylline

25-Five months old boy presenting to the outpatient clinic with respiratory distress, intercostal retractions, grunting & expiratory wheezes. The mother gives a history of mild fever & rhinorrhea in the last 4 days before which he was healthy.

What is the most probable diagnosis:

a. FB inhalation
b. Heart failure
c. Acute bronchiolitis
d. Croup
e. Bronchial asthma

26-A 3 year old boy has had fever for 7 days. Physical examination reveals red nonpurulent conjunctivae, lymphadenopathy, and maculopapular rash. Laboratory studies reveal: Platelet count 800.000 (high) , ESR 50 (High) CRP 40 mg/dl (high).

The most likely diagnosis is:

a. Acute Rheumatic Fever
b. Kawasaki disease
c. Measles
d. German measles
e. Scarlet fever

27-A 6 year old boy presented to OPD with fever and skin rash of one day duration. He had sore throat 8 days ago for which he received amoxicillin that controlled the symptoms. On examination: he has high grade fever of 39.5°C with chills, itchy maculpapular rash over the whole body but no other clinical manifestations. CBC shows eosinophilia.

What will be your decision?

a. Change the antibiotic
b. Oral antihistaminic therapy
c. Stop the antibiotic
d. Give oral steroids
e. Subcutaneous adrenaline injection

28- A 5 year old boy presents to ER with colicky abdominal pain of 2 days duration. On examination: there is palpable rash on both legs and buttocks, swelling of both ankle joints. He had suffered from a common cold 2 week before the appearance of the rash. Urine analysis revealed microscopic hematuria and proteinuria

Which statement is correct:

a. This is a case of chicken pox
b. Follow up of renal function is mandatory
c. Arthritis is not an essential part of the disease
d. It is important to test for allergens to prevent recurrence of the rash
e. Immediate surgical consultation is required